

Application for Medical Student Research Travel Award

Student Name:

Abstract Title:

Authors:

Student Presenter: Yes No **Class of:**

Participant in: MS1 Summer Research 3rd Year Selective Research 4th Year Research Other

Check one: **Oral Presentation** **Poster Presentation**

Meeting

Title:

Date:

Location:

Anticipated expenses

Registration:

Abstract submission fee:

Lodging:

Travel:

Submit completed form by email to: sschaefer@ucdavis.edu ; cc to hhly@ucdavis.edu

PLEASE NOTE: - UC Davis Travel policy:

<http://intranet.ucdmc.ucdavis.edu/somweb/Finance/travel.shtml>

- All reimbursement requests must be submitted within 4 weeks of the end date of the conference.